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APPLICANTS

Todd M. Burdine, Wappingers Falls, NY;
Edward E. Kelley, Wappingers Falls, NY;
Franco Motika, Hopewell Junction, NY;

** CONTINUING DATA ***** CD no** FOREIGN APPLICATIONS ***** CD no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS <u>129</u>	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>[Signature]</u> Examiner's Signature	<u>CD</u> Initials			

ADDRESS
32074

TITLE

SYSTEM AND METHOD FOR DETERMINING THE NTH STATE OF LINEAR FEEDBACK SHIFT REGISTERS

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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